

# Virginia Health Practitioners' Monitoring Program

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## Authorization for the Release of Confidential Information

Participant Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Name/Agency:

Address:

City, State:

Zip Code:

Telephone:

Fax:

- I authorize Health Practitioners' Monitoring Program (HPMP) to disclose to the above named person/agency communication and records regarding my status in the program
- I authorize HPMP to receive from the above named person/agency communication and records for the purpose of assessment and monitoring

These disclosures are authorized for the purpose of effective assessment and monitoring.

I understand that my records are protected under both the Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent, as above, unless otherwise specifically provided for by law or regulations. I also understand that I may revoke this consent at any time except to the extent that disclosure has been made in reliance on it. Unless otherwise revoked, this consent expires upon my termination from the Health Practitioners' Monitoring Program subject to the following: to provide information to Virginia Department of Health Professions (DHP) staff in furtherance of an administrative or criminal investigation or to provide additional information upon DHP Board request.

I extend absolute immunity to, and release from any and all liability, HPMP and its affiliates, including Virginia Commonwealth University Health System Authority and its affiliates, their respective employees, officers, directors, agents, and any third parties for any actions, recommendations, reports, statements, communications, or disclosures, whether oral, written or otherwise, involving me and/or related to my participation in HPMP.

I further acknowledge that the information to be released was fully explained to me and that this consent was given of my own free will.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Authorized HPMP Representative